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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 29, 1999 8:00am **Secretary of State**

	1999	DIVISION OF C	ORPORATIONS	01-29-1999 90008 009 ***150.00	
DOCU 1. Corporation	IMENT # P97000	0032075			Ç
SES SA	ILES GROUP, INC.	1			
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·	ce of Business	Mailing Address			
7350 PINE CREEK WAY PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986					
10111 01. 200		FORF ST. LOUIC FC 54800		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
2 Principal F	Place of Business	2a. Mailing Address		04/09/1997 4. FEI Number	Audiadea
21	lace of business.	26		65-0777811	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			,\$8.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip . [:	Country	 This corporation owes the current year Personal Property Tax. 	r Intangible □ Yes □ No
24	9. Name and Address of Curre		30	10. Name and Address of New Register	
	1/0/14/16	A Michael	81 Name		
	INEIDER, SUSAN E		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	O PINE CREEK WAY			to the second section of the second section of the second section of the second section of the second secon	gentagi kang a sake anggara engang teraka kangs
PUF	RT ST. LUCIE FL 34986		83		
		•	84 City		■ 85 Zip Code
2015 2015 CO	fito the provinces of Sections 607.05	02 and 607 1509 Florida Statuta		oration submits this statement for the purpose	of shareles its essistance
11 Pureupot					
				oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent. I a	am familiar with, and accept the oblig			oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
	am familiar with, and accept the oblig	ations of, Section 607.0505, Flori		on a board of directors. Thereby accept the ap	political as registered
agent. I a	am familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: I ND DIRECTORS	ida Statutes.	on a board of directors. Thereby accept the ap	AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: